

INITIAL RECOMMENDATION SUMMARY FORM

WORKGROUP: AGING IN PLACE

STRATEGIC ISSUE:

1. Evaluate the feasibility of expanding the MI Choice Medicaid Waiver into additional settings (including licensed and unlicensed settings) with increased deployment of Housing Choice Vouchers (HCV's) to other counties.

INITIAL RECOMMENDATION(S):

1. Develop a plan to increase the number of MSHDA HCV's for statewide roll out of the Affordable Assisted Housing Program (AAHP). A formula should be developed based on population of elderly/disabled to ensure adequate distribution of vouchers throughout the state. Vouchers could be rolled out incrementally. In order for this to be successful:
 - Expand statewide the exemption to the rule restricting rent to 40% of family income
 - Change the Housing Quality Standards (HQS) to exempt Assisted Living facilities from the requirement to provide a kitchen
 - Change the federal family contribution requirement to allow nonresident family members to contribute financial support
 - Obtain HUD approval for expansion of HCV use across the state
2. MSHDA should support expansion of the program to allow individuals a choice of where to receive both HCV and MIChoice waiver benefits including various community-based settings, such as:
 - Independent living apartments and single family homes
 - Continuing Care Retirement Communities (CCRC's)
 - Licensed or unlicensed Assisted Setting
 - Project Based: This model should be explored in rural or city setting whenever possible
3. Expand the AAHP to effectively coincide with development/roll-out of the Single Points of Entry (SPE). In 2006, the state of Michigan will begin implementation of a 10-year plan called Modernizing Michigan Medicaid Long-Term Care, with the development of Pioneer SPE sites.

STRATEGIC ISSUE:

2. Develop opportunities to more effectively link services to single family homes, apartments, and other independent elderly developments Identify ways to link services into independent elderly developments

INITIAL RECOMMENDATION(S):

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1. Improve access to information among housing and aging network service providers by:
 - Developing an on-line system to create an interactive website that includes in real time the types of housing available. This should include MSHDA housing, HUD housing, licensed AFC/HFA, licensed nursing homes, rural housing, and private, for-profit housing.
 - Promoting utilization of the elder care locator (Area Agencies on Aging or “aaa” networks) locally through media, to housing providers and persons living in single-family homes.
 - Developing an information packet that can be mailed to all housing providers to educate them about the elder care locator and local area agency on aging Information and Assistance programs.
 - Coordinating all activities with development of the Single Point of Entry (SPE) and Modernizing Michigan Medicaid Long Term Care Task Force Recommendations.
 - Coordinating with the Office of Long Term Care, newly created within the Department of Community Health.
2. Redefine care management service models to allow linkage of services to seniors wherever they live by:
 - Expanding the range of Care Management options/models (including: Case Management; Supports Coordination; Service Coordination; Outreach; Resource Advocacy and Self-Determined Care; Naturally Occurring Retirement Communities) to strengthen array of choices and maximize efficient utilization & deployment of existing dollars.
 - Exploring how MSHDA could help to support Care Management as a service that could link directly to senior buildings.
 - Allowing individuals to co-pay (or cost share) for needed services. Perhaps, family members could contribute – not as a mandate – but as a voluntary thing to do.
 - Providing training for volunteers or family members to assist with care management functions (e.g., senior companions).
 - Increasing the number of piloted self-determination sites in the state.
3. Partnering with home health care agencies to provide services to residents on-site via private-pay and Medicaid waivers.
4. Expand home environment modification programs to include single and multi-family homes by:
 - Exploring additional/alternative resources to fund home environment modifications to promote livability and increased visit-ability.
 - Having MSHDA coordinate a volume-buying program for home environment modification equipment (i.e., grab bars, outdoor railings, ramps).
 - Recommending including home environment modification as a Medicaid benefit (not just for the MI Choice Waiver), but for all Medicaid recipients.
 - Expanding and replicating the Tuesday Toolmen Program (a home repair program utilizing RSVP volunteers) to help support home environment modifications.
 - Promoting the use of Reverse Mortgages to help modify the home environment to allow people to age in place

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STRATEGIC ISSUE:

3. Develop a program to preserve the affordability and availability of subsidized senior housing.

INITIAL RECOMMENDATION(S):

1. Use HUD data to develop a database of 202 preservation-eligible projects with specific information on each project.
2. Develop a marketing strategy to inform 202 owners of various financing products that may be available.
3. Research what other states are offering as preservation tools.
4. Identify the marketing being done by conventional lenders to 202 project owners.
5. Organize and conduct an outreach session at the 2006 Michigan Conference on Affordable Housing specifically regarding 202 preservation.
6. Develop and implement a team comprised of staff from HUD, MSHDA, experienced nonprofits that are involved with 202s, and equity sources to be technical assistance providers. This team will assess the viability of the original sponsors and execute an acceptable strategy to assist owners in identifying whether refinance is a viable option for them.

STRATEGIC ISSUE:

4. Develop a plan to establish up to six pilot Continuing Care Retirement Communities (CCRC) projects.

INITIAL RECOMMENDATION(S):

1. Define the concept, document ways to make CCRCs affordable, and document lessons learned for possible replication.
2. Create a one-stop financing for CCRC projects in Michigan. For example, eliminate the financing limitations in PA 38, 1969 that preclude government owned and unlicensed facilities from having access to these programs.

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3. Obtain approval under the Social Security Act to require Michigan to obtain a project-based Medicaid waiver allowing services to be provided to residents in alternative living environments.
4. Explore the benefits of MSHDA being involved in the development of Programs for All-Inclusive Care for the Elderly (PACE) on CCRC campuses.
5. Promote and protect the tax abatement available to future or existing housing developments that may be owned by a non-profit housing corporation, consumer housing cooperative or Limited Dividend Housing Associated Limited Partnership.
6. Clarify the language of the Michigan Living Care Disclosure Act, PA 440 1976 to clearly define a category for a CCRC. This definition would allow the use of entrance deposits to assist in capitalization.
7. Create greater opportunities to access capital for organizations wishing to develop additional levels of care along the continuum.
8. Set aside Low-Income Housing Tax Credits for funding CCRCs.